

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000063471

**Entity Name:** 2 EXTREME LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3020 PINECONE DRIVE  
APT #203  
KISSIMMEE, FL 34741

**Current Mailing Address:**

P O BOX 450462  
KISSIMMEE, FL 34745 US

**FEI Number:** 47-3702099

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TAYLOR, EDISON X  
3020 PINECONE DRIVE  
APT#203  
KISSIMMEE, FL 34741 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            MNGR  
Name            TAYLOR, EDISON X  
Address        3020 PINECONE DRIVE  
                  APT #203  
City-State-Zip: KISSIMMEE FL 34741

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDISON X. TAYLOR

**OWNER/PRESIDENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date